posterior wall of the abscess. Your great object is to evacuate the matter first, then to diminish the disposition to its reformation, and lastly to procure union of the two sides of the cavity. This may generally be done in the way I have adopted in the treatment of chronic abscesses in the Queen's Hospital, and which you have seen so successful in a great many instances. When a bubo is ready to be opened, you should not suffer the skin to become too thin; when you practise this method, with a fine lancet make several very small punctures over its thinnest part, perhaps six, eight, or ten, through these the matter will ooze out till the cavity of the abscess is empty. Through one of the punctures the point of a very small glass syringe may be introduced, and a very weak solution of the sulphate of zinc injected, in the proportions of two or three grains to the half pint of water. When the abscess is quite empty, place over it a large compress of lint, and use moderately tight pressure by means of a roller. In many instances, if you can keep your patient quiet for twenty-four hours, you will get either partial or total adhesion of the sides of the bubo, and a speedy cure will be the result; in other instances this may not be the case, but by the daily use of the injection through one of the punctures, which should be kept open for that purpose, you will succeed in a few days, in almost every case, in effecting a cure.

I generally employ for an injection in these cases the weak solution of sulphate of zinc. I have used also a weak solution of iodine in hydriodate of potass.

Iodine, four grains;

Hydriodate of potass, eight grains;

Water, eight ounces. An injection.

The injections must be varied in strength to suit the feelings of the patient, or a gentle warmth and slight irritation should be experienced, but violent pain on no account produced. Solutions of the sulphate, or acetate of copper, alum, port wine with tannin, may all be used; and if one does not succeed quickly, have recourse to another.

This, Gentlemen, is the best way of treating a suppurating bubo with which I am acquainted. I hope soon to lay before you and the profession generally a memoir on the treatment of chronic abscesses, after a similar manner.

After the numerous instances you have seen of foul, extensive, burrowing sores, in the hospital, which have been produced solely by laying buboes freely open, which sores have been for months in existence, you will be quite aware that some improvement is necessary in this branch of surgery. Ulcers, the result of bubo, with thick, hard, cartilaginous edges have been treated in the hospital by destroying the edges and the surface with the potassa cum calce. Sinuses, resulting from the same cause, have been laid open and their edges destroyed in this way, and in many cases, I may say in all, for I do not know of a failure, the cure, although comparatively tedious, has been satisfactory.

CASE OF MORBUS COXARIUS IN PROCESS OF CURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As the opportunity does not frequently occur of examining the hip-joint during the process of reparation from so formidable an affection as the one referred to, I think the following case, which is detailed with all possible accuracy and faithfulness, will not prove devoid of interest to the generality of your readers.

Your obedient servant,

R. HINDLE, M.B., Surgeon.

Sabden, Blackburn.

Joseph M., aged ten, of scrofulous constitution, had always enjoyed good health till he became engaged in an occupation which subjected him to much confinement within doors, soon after which he was observed to look paler, and have less relish for his food. His parents at this time began to notice a slight yielding or limping on the right side, which he attributed to a pain and soreness about the knee. Little attention, however, was paid to the occurrence, till nocturnal pains began to disturb his sleep at night, after which the lameness increased. The father now, having another son affected with the same disease, took the alarm, and brought him to me for examination on January 19, three weeks after they had first noticed the limping.

The case now was a clearly marked affection of the hip-joint, accompanied by all the usual symptoms. The tuberculous cachectic habit was very obvious, and he had lost all appetite for food.

Strict rest was enjoined, and the boy, being of a very tractable disposition, this was ensured without regular confinement to bed, so that when at ease he could sit in a chair, and participate in the amusements of his brothers and former play-mates.

Mr. Syme's favorite combination of rhubarb and sesquicarbonate of soda was first prescribed, soon followed by quinine, given three times a-day. Along with these, and regulated according to the increasing tone of the stomach, were ordered lightly boiled eggs, animal food, and generous malt liquor, all to be taken with well fermented bread. There being much complaint of pain in the knee at night, a few leeches and a blister were applied behind and below the trochanter major. The blister was used three times in rather quick succession over the same place, and after the third application, which caused much pain and soreness, the nocturnal pains never more returned. An improvement now took place in the constitution; digestion became good, and he began to acquire strength. In the course of the spring he was frequently out in the open air, using crutches to save the affected limb. During summer the improvement in every respect was most satisfactory, so much so, that towards the latter end of it he was wont to go, on errands for his mother, the distance of at least two miles, which he accomplished without fatigue, by the simple aid of a walking-stick. About the middle of October, whilst in the fields with a brother, he attempted to mount a horse (which act of itself is sufficient testimony to prove he had regained con-

siderable confidence and power in the limb), and failing in accomplishing his purpose, he fell upon a projecting mass of earth, that bruised the middle third of the affected thigh. This accident caused much pain, and, of course, increased lameness, till, by diligent fomentation, and afterwards a blister, they were greatly subdued; but there always remained a hard swelling on the injured spot, and he never walked so easily afterwards, although free from any pain. In the middle of January, during very cold weather, he was seized with headache and dimness of sight, which, increasing and resisting all treatment, ended in a decided cerebral affection, of which he died in about three weeks.

I obtained leave to inspect the parts affected, and the following were the appearances exhibited:—The diseased limb was one inch and a half shorter than the other, inclined inwards, and slightly inverted; in other respects it appeared much as the sound limb. Before opening the cavity of the joint, nothing very unusual was noticeable, with the exception of greater vascularity of the anterior part of the capsular ligament, and the head of the bone being somewhat more conspicuous than usual, as if partially drawn out of the socket. The cervix femoris was joined to the shaft of the bone with an obliquity more nearly approaching the right angle than in the normal condition. On opening the capsular ligament, the first thing which attracted especial notice was the great vascularity of the synovial membrane, covered in many places, but by no means universally, with a pulpy kind of granulation, which admitted of being easily scraped off by the scalpel. The synovia was rather abundant in quantity, and tinged of a reddish color, which I attributed partly to frequent efforts having been made to ascertain the extent of motion of the limb previously to opening the capsular ligament, and the consequent rupture of some veins, which were rather numerous and large about the round ligament. On the anterior part of the head of the bone a small cavity or erosion, of sufficient size to admit the tip of the forefinger, was observable; it presented the appearance as if a piece of cartilage had been evenly scooped out with a knife; the edges were smooth and rather inclined, the circumference of the articular free surface being greater than of that attached to the bone beneath; the whole space was beautifully filled with pulpy granulations of a greyish color, which, on being traced, appeared to spring from the cellular substance of the subjacent bone.

On exploring further this spot, I found that a probe passed easily in the direction of the external part of the head of the bone, where another erosion was found, just on the line where the cartilage ceases to exist; the intervening superjacent cartilage was entire. The round ligament and connected parts were very vascular, and somewhat enlarged. The acetabulum presented at the point where the iliac portion meets with the pubic and ischiatic divisions, a third cavity of about the same size as the one first described; this was also filled with granulations, apparently springing, as in the former case, from the bottom of the erosion. The cotyloid cavity was wider and shallower than usual. No morbid discharge of any kind was found in or about the joint.

REMARKS.

Some diversity of opinion appears to exist as to the cause of the shortening of the limb, presented in most cases of hip-joint disease. When the head of the femur is found completely dislocated from the cotyloid cavity, and drawn upon the dorsum of the ileum, there can be little difficulty in accounting for the fact; but when, as in the present case, the bone occupies apparently its proper relative position in the socket, and there is still a shortening to the extent of very nearly one inch and a half, as ascertained in the present case, by careful admeasurement, more difficulty is incurred in satisfactorily resolving the question, and hence the contrariety of opinion which exists at the present day. If I might be permitted to venture an opinion from this single but carefully observed case, I should conclude that at least four different causes contributed to the result. 1st, an arrest of interstitial osseous development of the whole limb, or at least, a growth not keeping pace with the opposite limb, on which, under such circumstances, is imposed the chief labor of locomotion; 2ndly, a loss of substance in the head and neck of the bone, and a yielding of the parietes of the acetabulum; 3rdly, an alteration of the relative position of the neck of the bone with regard to the trochanter major, which latter appeared higher than normal; and, 4thly, the femur being firmly pulled up by muscular action into the upper, outer, and posterior part of the acetabulum, and there being constantly maintained during progression, in order to allow as little variety and extent of motion as possible, for the infirm limb in this patient was always kept anterior to the other, and slightly inverted. The limb during the first stage appeared really elongated, which it seems difficult to account for, unless we allow of muscular relaxation permitting the head of the bone to recede in some measure from the cotyloid cavity. As to the purpose intended to be effected by the granulations, it is extremely probable they would have ultimately secreted bony matter, and repaired the breaches of texture which had occurred, if life had been sufficiently prolonged. The case clearly shows that recovery from so serious an affection is very tedious. On first seeing the condition of the parts exposed, I could not avoid entertaining some doubts whether they were really in a state of reparation; but on reviewing the whole progress of the case, and finding no morbid secretions, it follows as a very legitimate conclusion that diseased action had been arrested a considerable time. A brother of this patient, who is now arrived at manhood, has suffered from the same affection, but in his case suppuration occurred in the adjacent textures, and his cure was proportionably tedious, and there is much more restriction in the movement of the joint.

A question of the greatest interest here arises—namely, how it should happen that constitutions which are eminently scrofulous should so frequently localise their depraved influence in the hip-joint, which is so highly favored and protected by muscular covering. We naturally inquire after some exciting cause, and although we are often told by patients that no injury, to the best of their recollection, was ever inflicted, yet, when we consider the small, pivot-like point, the head of the femur, on which the whole weight of the body must occasionally be received, it

is not too speculative to believe that in most cases, at some unguarded moment of the surrounding muscles, this concentrated weight may contuse the articular structures, which are already prepared for disease, in such a manner that they cannot recover without undergoing the process of disorganisation; and yet the bruise, at the time of its occurrence, may be attended with so little pain as to attract no attention from the patient. There are various reasons which induce me to think that the disease in this case originated in the bones, but I fear to trespass far upon your pages.

As respects the treatment, little can be inferred from a single case, and I only feel warranted in remarking that, after the local pain was subdued by rest, leeches, and counter-irritation, and not till then, the constitutional amelioration became more clearly marked under the use of the generous diet and medicines previously specified; and it is, perhaps, unreasonable to expect any improvement from tonic treatment, while severe local pain is nightly harassing the system; and, therefore, the treatment will require to be varied according to the individual peculiarities presented by each case, at the same time not despising, but rather keeping steadfastly in view, a few of the leading and acknowledged general principles.

TREATMENT OF NEURALGIA

BY

INDIAN HEMP.

PHYSIOLOGY OF THE NERVES.

By MARTIN H. LYNCH, M.D.

On Sunday, the 12th of March, I was requested to prescribe for B—L—r, a female domestic, aged forty-eight years, of low stature, but active in body and mind, and of a cheerful disposition and temperate habits.

March 12. The patient labors under agonising pain of a "stabbing" character situated above and around the right orbit, but especially above it, where it darts from the superciliary notch in the direction of the branches of the supraorbital nerve. The patient herself, unprompted by any question or remark of mine, directs my attention to the point from which the pain shoots, placing her finger on the superciliary foramen. There is lachrymation and dimness of vision, also a hard swelling of considerable magnitude over the right malar bone. This tumor has arisen suddenly; there was not a trace of it yesterday.

The neuralgic pain is intermittent, commencing immediately after breakfast, and continuing for several hours; it began four or five days ago.

There is a sense of fulness and throbbing in the head; the urine is copious; the bowels are confined, and for some weeks have not been moved, except by purgatives; the appetite is pretty good, but for some time back she has felt her stomach heavy after meals, and has frequently had sour eructations. Her urine during the same period was scanty, high colored, and deposited a copious sediment. She occasionally observed a pink stain on the chamber vessel, and that the sediment was of a yellowish color. Along with the dyspeptic symptoms, she has suffered from dull, diffused headache; her periods are still regular.

During the last nineteen years her health has been

excellent; has one healthy child eight years' old. Nineteen years ago she was a patient in the Hull Infirmary, under Dr. Alderson the elder, when she suffered for thirteen weeks from an affection almost the same as the present. The most excruciating pain shot from the left superciliary foramen up the temple and around the orbit, but there was also darting pain in the left ear, with complete deafness on that side. The pain was attended with lachrymation and dimness of vision. She says it was remarked by the medical men as curious that she could thread a needle with the right eye covered, provided she used glasses belonging to a woman "of eighty," but not without them. A short time before the neuralgia appeared she had fever, and during convalescence from it had several fits of hysterical convulsions. The neuralgia was ascribed to exposure for a considerable time to a cold wind. She was treated by cupping to the nape, purgatives, powerful counter-irritation, and medicines, the nature of which I have no means of ascertaining. Six leeches below the inner canthus; mixture of senna and magnesia to open the bowels freely.

13. The bowels have been freely moved; the bleeding from the leech-bites was maintained for two or three hours by means of fomentations; the swelling of the cheek has quite disappeared, but the neuralgic pain is as severe as ever, existing now, however, on the *left* side, where it shoots from the superciliary foramen; dimness of vision; lachrymation; right side free from pain. Purgative mixture to be taken this evening; forty-five drops of tincture of hemp resin (strength three grains to one drachm) to be taken each morning when the pain commences.

18. The tincture has been regularly taken; it has made her feel "a little light in the head," and produced intense itching around the orbits, and over the body and extremities, especially the lower; the itchiness around the orbits is referred to numerous close set points; elsewhere the points are distant; there is no eruption; the itchiness is very intense for several hours after taking the dose, but afterwards diminishes gradually, but is felt at distant points of the surface twenty hours after the administration of the medicine. During the two first days the neuralgia was singularly relieved after the medicine was taken; to-day, yesterday, and the day before, it has been altogether removed; dull headache, however, remains, such as she has long suffered from, and with it her dyspeptic symptoms. To discontinue all medicines.

21. The neuralgic pain has not returned. To use laxatives and the following mixture:—

Sesquicarbonate of soda, half an ounce;
Infusion of cascarrilla, eleven ounces;
Syrup of orange-peel, one ounce. Two table-
spoonfuls four times a-day.*

REMARKS.

Although neuralgia, as I believe, does not in all cases arise from disturbance of the digestive functions, there can be no doubt that in many cases it is thus produced, and that, when it has sprung from some

* In the "Dublin Medical Press" of the 1st of March, a case of neuralgia of the face, thumb, and forearm, is related, which was promptly relieved by ten drops of the tincture of Indian hemp (strength one grain resin to ten drops) prescribed by Sir James Murray. At the present date (27th) my patient is altogether free from pain.